

HOLDER'S CLAIM FOR REIMBURSEMENT

MAIL TO: JOHN CHIANG
CALIFORNIA STATE CONTROLLER
UNCLAIMED PROPERTY DIVISION
P.O. BOX 942850
SACRAMENTO, CA 94250-5873

FOR SCO USE ONLY

C/A# _____
REMIT DATE: _____
AMOUNT \$ _____
RESEARCHER: _____
DATE: _____

Note: Requirements and Instructions on Page 2

REPORT DATE: _____

(DATE SHOWN ON THE ATTACHED UFS-1 FORM)

REPORTED TOTALS: Dollars: _____ Shares: _____

OWNER'S NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

OWNER ACCOUNT NUMBER/IDENTIFICATION (SSN): _____

OWNER PROPERTY REPORTED AMOUNT: Dollars: _____ Shares: _____

ACCOUNT TYPE: (Circle one) Savings Checking Cashier's Check Money Order Other _____

If Negotiable Instrument, Enter Check Number: _____

REIMBURSEMENT CLAIMED \$ _____ **Securities (# of shares)** _____

HOLDER'S USE ONLY

Warrants are paid to the holder shown below:

Holder's Name: _____

Street Address: _____

City, State, Zip Code: _____

Holder's Federal Identification Number (FEIN): _____

Authorized Agent (If Applicable):

Name: _____

Title: _____

Phone number: _____

E-mail address: _____

Reason for claimed reimbursement: _____

NOTE: A SEPARATE FORM IS REQUIRED FOR EACH ACCOUNT FOR WHICH REIMBURSEMENT IS CLAIMED

AFFIRMATION AND SIGNATURE

I hereby affirm, under penalty of perjury, that I am an authorized agent of the holder named in this Holder's Claim for Reimbursement and duly authorized to make said claim upon the State Controller's Office, as evidenced by the Letter of Authorization accompanying this claim. The above-named holder hereby agrees to indemnify and hold harmless the State, its officers and employees from any loss as a result of payment of the amount claimed.

Signature: _____ Date: _____

YOUR SIGNATURE(S) MUST BE NOTARIZED IF THE CLAIM AMOUNT IS \$1,000 OR GREATER
ALL CLAIMS FOR SECURITIES OR SAFE DEPOSIT BOXES MUST BE NOTARIZED

State of California, County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____, by

_____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

SIGNATURE: _____ (seal)

REQUIREMENTS FOR HOLDER'S CLAIM FOR REIMBURSEMENT

- I. When completing the claim form, please type or print legibly in ink. Claims that are illegible will be returned.
- II. Claims for reimbursement must be made using the Holder's Claim for Reimbursement, Form HCR-1 (Revision 09/08). The form can be downloaded from the California State Controller's website at www.sco.ca.gov. Modifications of the Holder's Claim for Reimbursement Form will not be accepted.
- III. Reimbursements will be made to the holder only.
- IV. A copy of the Holder Face Sheet, Form UFS-1, filed with the holder's report in which the claimed property is reported should accompany all reimbursement claims. A copy of the report showing the owner's account will also facilitate reimbursement.
- V. A Letter of Authorization must accompany ALL claims for reimbursement. The letter must be on the claiming holder's letterhead and must contain the name of each individual authorized to claim property from the Controller's Office on behalf of the holder. On request, the Letter of Authorization will be maintained on file.
- VI. Proof of payment to the owner and proof of ownership is required on all holder's claims for reimbursement. Proof of payment may include: a copy of the payment made to the owner or heir; documentation showing that the owner's account has been re-established (holders may provide a system-generated document showing reactivation of an account); a copy of the stock certificates or book entry (in cases involving stocks or mutual funds); or documentation showing payment via electronic funds transfer. When reimbursement is sought for payment of a negotiable instrument (including check, money order, cashier's check, or traveler's check), the holder must include proof that the instrument was duly presented to the holder and payment was made to the person who appeared to be entitled to payment.
- VII. Proof of ownership may include: copies of identification of the owner or heir; a copy of the owner's Social Security card; or documentation showing association with the institution.

INSTRUCTIONS FOR COMPLETING FORM HCR-1

Report Date: Enter the date from the UFS-1 Form filed with the Unclaimed Property report.

Reported Totals: Enter the total dollars and/or shares remitted on the report.

Name & Address: Enter the owner's name and address as shown on the Unclaimed Property Report.

Owner Acct Number: Enter the owner's Social Security number (SSN) or the holder's account number if the SSN was not reported.

Owner Property: Enter total dollars and/or shares reported for the owner for whom reimbursement is requested.

Reported Amount:

Account Type: Enter the type of account held by owner (savings, checking, cashier's check, money order, or other, i.e. securities).

Negotiable: Enter the check number for the cashier's check, money order, or traveler's check.

Instrument Number:

Reimbursement: Enter the amount claimed for reimbursement. This amount must match the amount of property reported to the Controller.

Claimed:

Securities: FOR SECURITIES ONLY. Enter the number of shares requested for customer reimbursement. The number of shares must match the number of shares reported.

Holder's Name: Enter the name, street address, city, state, and zip code of the holder exactly as shown on the Form UFS-1 submitted with the claim.

Address:

Holder's FEIN: Enter the holder's federal identification number.

Authorized Agent: Note: An authorized agent has the authority to claim reimbursements for the holder.

Name: Enter the name of the authorized agent signing the claim.

Title: Enter the title of the authorized agent signing the claim (i.e., Bank Official, CEO).

Phone Number: Enter the telephone number and extension, if any, of the authorized agent.

E-mail Address: Enter the e-mail address, if any, of the authorized agent.

Reason: Enter an explanation for the claimed reimbursement (i.e., erroneous escheatment or overpayment).

Affirmation: The authorized agent named in the claim must sign and date the affirmation.

Signature: Unsigned claims will be returned.

Notarization: All reimbursement claims involving securities or safe deposit boxes, regardless of amount, require notarization. Non-securities claims must be notarized if the amount claimed is \$1,000 or greater.